## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Health Resources and Services Administration

FOR HRSA USE ONLY						
Application Tracking Number		Grant Number				
Project Number		Project Type				
Project Title						

OTHER REQUIREMENTS FOR SITES	Project Title			
1. Site Control and Federal Interest				
Identify current status of property (If 'Leased', pleas	se provide Landlord	Letter of Consen	nt)	
[]Owned by the applicant [] Leased/Occupancy	Agreement			
2. Cultural Resource and Historic Preservation	Considerations	(For Alteration/R	Renovation (A&R) projects ONLY)	
2a. Is the project facility 50 years or older?			∐ Yes ∐ No	
2b. Does the overall proposed project include				
1.any renovation/modification to the exterior of the facility (including the installation of new signage), or			∐ Yes ∐ No	
<ol><li>ground disturbance activities (including install ramps, utility work, installation of curb cuts, fe</li></ol>				
2c. Does the project involve renovation to a facility or site that is historically, culturally, or architecturally significant?			∐ Yes ∐ No	
2d. Is the site located on current or historic Native American, Alaskan Native, Native Hawaiian, or equivalent, culturally significant land?			∐ Yes ∐ No	
Landlord Letter of Consent (Maximum 1 attachment)				
If property status is 'Leased' please provide Landlord Letter of	Consent.			

Property Information (Maximum 1 attachment)

If property status is 'Leased' or 'Owned' please provide Property Information